DRAFT
ATTACHMENT A
SPECIFICATIONS OF WORK TO BE PERFORMED

The State is entering into this agreement with the Contractor for the regional delivery of the Child Development Division's (CDD) Children's Integrated Services (CIS). The Contractor's performance will be based on achieving the following performance measures:

All contractors:

1. Percentage of those served by CIS who achieve one or more plan goals by the annual review or transition (which ever is earliest)
2. Percentage of those served by CIS receiving services within the timelines outlined in these work specifications:
3. Percentage of those served by CIS who have no further need for immediate related supports upon exiting CIS services.
4. Percentage of those served by CIS reporting satisfaction with CIS services, based on surveys administered annually or at exit, which ever is earliest. The survey used for this measurement will be developed by the CIS State Team.

Phase 1 contractors

1. Number of referrals that are triaged by the CIS Intake Coordinator
    - Rationale – The CIS goal is to have all referrals come through the CIS Coordinator (except for urgent referrals)
2. Percentage of Performance Measures that are met
    - Rationale- Are we achieving better performance (as measured by meeting performance expectations) from the fully integrated model?
3. Number of service professionals interacting directly with families.
    - Rationale - Does the use of a consultation team to maximize multidisciplinary views decrease the number of providers servicing an individual family?

For this contract year, data collected on the above performance measures will be used for establishing baseline levels only. Funding levels for subsequent contracts may be based on achieving these performance measures.

Purpose of Children's Integrated Services:

1. To increase child and family access to high quality child development services;
2. To promote the health, social and economic well being of the recipients of these services;
3. To provide performance-based contracts for the provision of services to pregnant women, children from birth to age six and their families;
4. To increase access to health insurance and a medical and dental home;
5. To strengthen implementation of the CIS initiative with a particular emphasis on: infrastructure; outreach; referral and intake; multidisciplinary screening and assessment; integrated services planning; service delivery; and transition; and
6. To support a more comprehensive approach to service delivery including supporting time for delivery of direct services, consultation, group education, team and

supervision time, documentation and other record keeping requirements.

Contractor Activities

A. INFRASTRUCTURE

Contractor is responsible for managing services within the regional allocation. Contractor must provide adequate staff (CIS Intake Coordinator) to:

- carry out centralized intake and referral
- lead the multidisciplinary CIS teams,
- facilitate the development, implementation and evaluation of the CIS teams to ensure families get needed services in an effective and efficient manner,
- collect data as needed to report on performance measures,
- provide required data and narrative reports to the state CIS team
- serve as liaison between the state CIS team and regional CIS teams

Contractor must ensure capacity for the delivery of CIS services. This includes participation in the ongoing development and operation of a regional CIS team. The regional CIS team consists of, at a minimum, representation from:

- early childhood and family mental health;
- Part C early intervention;
- maternal-child health nursing;
- family support services; and
- specialized child care

The team is convened for the purpose of assuring the integration and delivery of high quality health promotion, prevention and early intervention services for pregnant women and children from birth to age 6 and their families.

CDD will expect three teams in each CIS region:

- The CIS Systems Team – regularly scheduled meetings to discuss local systemic issues,
- The CIS Referral and Intake Team – at a minimum, weekly scheduled meetings to review referrals and intakes and identify initial primary service coordinators, and
- The CIS Consultation Team –meetings scheduled as needed upon request of the family or family's CIS team. This is a multi-disciplinary team that utilizes resources in the community to provide services, with ad hoc membership as needed. The consultation team will follow a protocol for initiating the team, communication procedures and ensure access to appropriate community expertise based on family need.

B. OUTREACH

Outreach activities will include, at a minimum, on-going efforts to strengthen and improve coordination of services through:

- education of primary referral sources, such as families, hospitals, physicians, health care providers, medical homes, home health agencies, public health

services, Family Services Division, child care, and public schools about the resources available through CIS and how to access them on an ongoing basis;
- efforts to use the Child Find and referral system to identify children birth to age three with disabilities;
- community resource development to improve access to services for pregnant women and parents with young children
- outreach targeted to the following specific populations:
    - families who do not have homes
    - families living in rural areas
    - children whose families are considered "low income", i.e., are unemployed, or below poverty guidelines
    - families/children who have witnessed crime, including domestic violence
    - wards of the State,
    - families with a history of child abuse and neglect
    - families living on Indian Reservations
    - at risk prenatal, maternal, newborn or child health, e.g., preterm birth, low birth weight infant, infant mortality due to neglect, infants/children who have been exposed to toxic substances during pregnancy
    - families experiencing delayed child health and development

Any materials used for outreach activities must be either produced by or submitted to the CIS State Team for review.

C. REFERRAL AND INTAKE

Referral and Intake activities will include, at a minimum:

- weekly meetings of the Referral and Intake Team;
- ensuring verbal consent is received for all referrals,
- contacting (defined as two individuals talking with each other) all referred families within five business days from date of referral (exception - referrals for children birth to age 3 with a developmental concern are required to be reviewed by Early Intervention and families contacted within 2 business days. Review of the referral can include a review of hospital discharge summary for infants discharged from a NICU.)
- managing incoming referrals including,
    - triaging urgent care, defined as a mental health or medical situation that requires an immediate response,
    - referring children birth to age three with developmental concerns for an Early Intervention evaluation within 2 business days, the timeframe mandated under Federal law,
    - scheduling a multidisciplinary review by the team
- identifying the appropriate CIS staff person to conduct the initial intake and screening;
- obtaining appropriate written authorization at intake;
- communicating screening results to the rest of the team and the referral source;
- identifying and assigning subsequent assessment needs;
- accessing additional expertise when necessary.

D. MULTI-DISCIPLINARY SCREENING AND ASSESSMENT

Contractor will ensure comprehensive initial and ongoing assessment of challenges and progress of goals developed in the One Plan. Activities include, at a minimum:

- comprehensive screening and/or assessment of the needs of children and families, using standardized assessment tools chosen from the list in attachment (TBD) that address physical, psycho-social and environmental health, including both protective and risk factors. This screening/assessment must occur within 45 days of assignment of the primary service coordinator.
- review of relevant information from other sources, such as the health care provider, child care provider, other state agencies or programs, or others involved with the child and family

E. INTEGRATED SERVICE PLAN – ONE PLAN

Contractor will use the One Plan as the integrated service plan. Service providers should identify and work with the strengths and capabilities of families and their children. Appropriate use of the One Plan requires partnering with families and service providers in plan development and creating plan goals that are measureable, relevant and meaningful to the family. Outcomes and strategies to achieve the goals define the work that takes place between the service provider and the family. Activities include, at a minimum:

- identification of a primary service coordinator who is responsible for:
    - promoting and facilitating communication between all team members;
    - coordinating services; and
    - serving as a single point of contact in helping parents to obtain the resources and services they need.

- case management, which includes:
    - facilitating and/or performing screenings, initial evaluations or ongoing assessments as needed for determination of eligibility, progress and/or program planning within defined timelines:
        - the initial One Plan development meeting must occur within 45 days of assignment to primary service coordinator
        - services identified in the One Plan must begin within 30 days of signed consent of the One Plan document
    - including the family's service providers on the individual child/family team (including school personnel, health care providers, juvenile justice, law enforcement, other AHS staff, and others at family request).
    - ensuring the provision of year round services for pregnant women and children from birth to age 6 and their families through appropriate activities as indicated in the One Plan.
    - consulting with and providing interpretation/synthesis of information to parents/caregivers.
    - providing direct instruction/modeling of prevention/intervention techniques and strategies to families, caregivers, and other providers.
    - designing appropriate learning environments and activities that promote an individual or family's acquisition of skills that promote healthy development in all areas.

- utilizing the CIS Consultation Team as family/individual needs are identified to help inform the One Plan
- identifying how services are delivered and/or supported within the child care setting when child care is part of a child/family's plan.
- providing written notification to families of their exit from CIS services because of inability to contact.
- reviewing and updating the One Plan at least every six months or more often as needed or when there is a change identified.

F. SERVICE DELIVERY

General requirements

Service delivery is guided by CIS outcomes, goals and objectives.

Contractor will ensure:

- service delivery occurs in the natural environments of the families or child(ren) to the maximum extent possible – the home or a community-based program or setting.
- services are provided by adequately and appropriately qualified and supervised professionals. Standards for qualifications, training and supervision are identified in Appendix (TBD).
- services may be provided in child care settings where appropriate as part of the CIS service array.
- services may include providing consultation to child care staff to build skills or capacity for providing high quality child care to children with special needs.
- consultation and services may also be provided in other community-based settings to support family or children's inclusion with typically developing peers.

Specific requirements

1. Nursing and Family Support (pregnant and postpartum women and children birth to age 6)

Nursing and family support services are part of a coordinated continuum of care across multiple types of providers and settings. The goal is to improve the health and well-being of pregnant women, infants and children through connections with high quality health care and community support services. Services include:

- Wellness; prenatal/postpartum, infant and child care; nutrition/feeding; injury prevention, safety and risk reduction; behavior modification/change; illness prevention and management; and awareness of the health risks of environmental toxins, infectious disease, emergency situations, substance use, and trauma,
- Individual or group education for childbirth preparation,
- Child development and parenting skill development, and
- Referrals and ongoing support to ensure the child and/or parent has access to health insurance and utilizes their medical and dental home appropriately

2. Early Intervention (children birth to age 3)

Early Intervention services are provided to children experiencing cognitive, physical, communication, social/emotional or adaptive delay or who have a diagnosed medical condition that has a high probability of resulting in developmental delay. Children referred to CIS from the Family Services Division with a substantiated case of abuse and/or neglect are automatically eligible for a screening. These services must be provided in accordance with Part C of the 2004 IDEA, as outlined below:

a. File, at the Early Intervention site, copies of the federal and state laws and regulations and state policies and procedures related to Part C Early Intervention and Part B Special Education for Preschool Children.

b. Use the DOE/AHS draft template to develop and implement the Regional Agreement. The Agreement will address the regional responsibilities outlined in the Interagency Agreement between the Agency of Human Services/DCF/CDD and Vermont Department of Education (revised version 7/07):
    - Agreements with Supervisory Unions, as they are developed, should include the delineation of the roles and responsibilities of those agencies required to engage in Child Find and identification, carrying out the federal and state regulations for the Part C Early Intervention Program and transition planning.
    - Assure that there is a process in place for dispute resolution at the community level, prior to informing the State office or the Interagency Coordinating Council (ICC) of unresolved complaints.
    - Submit the Regional Agreements to the CIS/EI administrator of the Part C Program.

c. Contractor will outreach to the DCF Family Services Division district office in the Region to assure that Part C Early Intervention Services are provided to eligible children under the age of three who have had a substantiated case of abuse and or neglect as defined under the Child Abuse Prevention and Treatment Act (CAPTA). Referrals from the Family Services Division will be received in the same manner as all referrals and a developmental screening unless they are referred with a developmental concern or their family is requesting a full evaluation.
    a. Children who are “high risk” with an open case with FSD and are referred to early intervention from FSD will go to a developmental screening unless they are referred with a developmental concern or their family is requesting a full evaluation

d. Collect and provide timely, accurate and valid data as requested by the state CIS team. Data collection, verification and reporting will occur at least on a monthly basis for actives, exits and referrals, including children under CAPTA. The annual child count is due no later than November 30 and includes information on all children in Early Intervention who receive a new service plan and those who exit the program. The data elements to be reported will be determined by the State CIS team and are for annual federal reports due February 1st of each year.

e. Review copies of the Vermont Part C/Early Intervention State Performance Plan, Annual Performance Plans, any Monitoring Reports, Corrective Action Plans, Program Improvement Plans, Determinations and Regional Plans, be kept on file at the Early Intervention site, and be made available to the CIS administrative team and key partners who are participating in carrying out the Part C/ Early Intervention

services. The CIS administrative team and key partners will:

- Seek input on the status of the region's outcomes by reviewing the publically reported data and other data used to develop regional goals and maintain, improve and/or correct performance and/or compliance,
- The goals will include reference to improvement or corrective action plans and activities so that non-compliance is corrected within one year of identification.
- Determinations related to compliance and performance will be made annually by a state team, with the goal of having each Contractor in the category of "meets requirements."

3. Early Childhood and Family Mental Health (children through age 6 and their families)

CIS Mental health services are intended to assist children, families, child care and other service providers develop skills and access and effectively utilize community services and activities to promote and support children's healthy social, emotional, and behavioral development. Services include:

- Consultation and Education:
  - available to families, child and family serving organizations, and specialized/quality-rated child care programs.
  - intended to address an event, systems or programmatic challenge, and/or promote the social, emotional, and behavioral development of young children using evidence-based practices or curriculum.
  - outcomes based using a pre and post assessment tool.

  - Consultation relationships lasting more than six months also:
    - are intended to build skills or capacity of individuals to improve their ability to meet the social, emotional, and behavioral development of the young child(ren) in their care.
    - have a goal-oriented plan with identified time-lines, reviews, and a planned end date.
    - are assessed periodically as needed in addition to pre and post assessments.

- Therapeutic Intervention:
  - available to families and children.
  - time limited, goal oriented, planned therapeutic services to promote and support children's healthy social, emotional and behavioral development, and to address parent/child relational difficulties.
  - includes pre and post assessment, as well as periodic assessments and plan reviews as needed, limited individual, group and family therapeutic intervention, or behavioral intervention.

4. Specialized Child Care

CIS - Specialized Child Care Services is a menu of available supports for particular populations of children and families. CIS Specialized Child Care Services are intended to increase access to and enhance success in high quality child development programs

for these children so that progress on children's safety, family stability, and optimal healthy development is achieved.

The particular populations identified for these services include:

- Children with open cases with the Family Services Division (FSD) of the Department for Children and Families (DCF)
- Children with special physical or developmental needs
- Families experiencing significant, short term stress

I. Access to Quality Child Development Programs:

1. Serve as primary service coordinator for families served by CIS whose primary CIS service need is child care, connecting them with other services and supports beyond child care as needed.
2. Monitor and support the regional supply of high quality child care providers approved as Specialized Child Care Services providers that are affordable for families with 100% benefit in the Child Care Financial Assistance Program
3. Maintain a collaborative working relationship with the regional Child Care Referral Specialist in order to:
    a. Provide families referred to CIS with information about the importance of high quality child care; and
    b. Support them in finding and enrolling with a provider that is the best match for their child and family.
4. Assist families referred to CIS in navigating the Child Care Financial Assistance Program processes and accessing appropriate benefits by:
    a. Providing guidance and support in applying for benefits through the DCF Economic Services Division (ESD);
    b. Process Child Care Financial Assistance Program applications for those families where a service need of Family Support (FS) or Child with a Special Health Need (CSHN[1]) is warranted;
    c. Bring consideration of FS applications to the CIS as part of the CIS service array and communicate team decisions to families; and
    d. Assist children in families authorized for child care financial assistance with a service need of FS or CSHN in identifying an affordable, high quality Specialized Child Care provider who is a good match for a family's needs.
5. Assist FSD social workers and families authorized with a service need of Protective Services (PS) in identifying a Specialized Child Care Provider that is a good match for a family's needs and resources (considering a family's needs and resources over time, including time after involvement with the FSD ends).
6. Process child enrollment with an approved provider in the Bright Futures Information System (BFIS) for children with a service need of PS, FS and CSHN in the Child Care Financial Assistance Program

II. Access to transportation services:

[1] Child with a Special Health Need (CSHN) in this context indicates the family's service need designation related to their Child Care Financial Assistance Program (FAP) benefit. The FAP is a financial benefit program through the Child Development Division to help families pay for their child's attendance in State regulated child development programs.

1. Assist families eligible for transportation support as defined by service need to process necessary documentation in BFIS.
2. Coordinate with CDD approved transportation providers to ensure transportation is available and provided to eligible families.

III. Support to Specialized Child Care providers:
1. Recruit high quality child care providers to provide Specialized Child Care Services.
2. Assist child care providers in becoming Specialized Child Care Providers by connecting them with training that meets Specialized Child Care Provider status requirements.
3. Assist child care providers in adjusting their environments or program activities to meet the needs of these particular populations of children or to make accommodations necessary to meet the individualized needs of enrolled children.
4. Assist child care providers in accessing resources to support children and their families enrolled in their care (including other CIS services, other State and regional services, and special accommodations grants).
5. Assist child care providers in accessing statewide systems for professional development and continuous quality improvement (including the Step Ahead Recognition System (STARS), and Northern Lights Career Development Center).

G. TRANSITION

Contractor will ensure that a transition plan is developed that addresses any pregnant/postpartum woman, child or family leaving services or changing providers or locations. Specific activities include, at a minimum:

- Notifying schools of a child's potential eligibility for Part B pre-school special education at least 6 months prior to the child's 3rd birth day per federal requirements for children receiving Early Intervention services.
- Providing a written transition plan to all children/families and service providers no less than 1 week prior to transition date
- With parental consent, convening a transition conference at least 90 days prior to the transition date. Federal regulations for Early Intervention require documentation of the date the conference was convened

H. REPORTING REQUIREMENTS

Data and narrative reports will be due to the CIS State Team on March 15th, 2011 for the time period November 1, 2010 – February 28, 2011; and July 15th for the time period March 1, 2011 – June 30th, 2011.

Data reporting:

- Quality assurance processes must be in place to ensure the provision of accurate, unduplicated and complete data.
- Data must be managed manually or through the use of the organization's data system until such time as the CIS state data management system is operational (December, 2011).
- Data will be submitted to CIS using the attached form or in another approved format

- **Performance measure; 90% of data submitted to CIS is accurate and complete.**

Narrative reporting**:**

1. What has worked well in CIS? Why did it work well? Please provide a family story that illustrates why it worked well.

2. What hasn't worked well in CIS? What were the barriers? Why didn't it work well? Please provide a family story that illustrates the issues. Please provide recommendations that could address the issue.

- Documentation must be maintained in accordance with Medicaid/HIPAA confidentiality requirements and records retention policies. Documentation shall include the following information:
    1. Participant Name
    2. Medicaid ID
    3. Service Provider Name
    4. Date of Service
    5. Service Description:
    6. Progress Notes need to be a monthly summary and should identify:
        - Summary of major content or intervention themes consistent with treatment goals
        - Observations made of the individual or responses to interventions;
        - Assessment of progress toward treatment goals;
        - Ongoing needs for continued intervention and next steps.
    7. Performance goals/outcomes for individual clients served. For example,
        - **Goals**: statements of mutually desired overall, long-range results of intervention expressed in the individual's words as much as possible, and include a clinical interpretation.